

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46011

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12404

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.				c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hospital				Length of stay in lb		d. STREET ADDRESS 4424 S. Spring	
3. NAME OF DECEASED (Type or print) Pearl Kirk				4. DATE OF DEATH Dec. 23, 1957			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 6, 1888	
9. AGE (In years last birthday) 69		10. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Tanner				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. unk.		17. INFORMANT Homer Brazie 4616 S. Spring,			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Apoplexy</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>Ischemic Myocardium</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>260x</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i> <i>8 yrs</i> <i>5 yrs</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE							
21. I attended the deceased from <i>12-23-57</i> , to <i>12-23-57</i> and last saw her <i>alive</i> on <i>12-23-57</i> Death occurred at <i>5 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Harry A. Reich M.D.</i>				22b. ADDRESS <i>5633 So Kingshighway</i>		22c. DATE SIGNED <i>12/24/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal motor 12-26-57</i>		23b. DATE <i>12-26-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Cemetery</i>		23d. LOCATION (City, town, or county) <i>Cape Girardeau, Mo.</i>	
24. FUNERAL DIRECTOR <i>Southern Funeral Home</i> <i>6322 S. Grand, St. Louis, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 26 '57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i> <i>m88</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 43

P. O. Address, St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.